IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Abbott et al.

Art Unit: 3691

Serial No.: 09/769,121

Examiner: Narayanswamy Subramanian

Filed: January 24, 2001

For:

METHODS AND SYSTEMS FOR

FINANCING AND EXECUTING

TRANSACTIONS

Mail Stop: Amendment **Commissioner for Patents**

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:

Transmittal (3 pages)

Amendment in response to Office Action dated January 11, 2008 (5 pages)

STATUS

2. Applicant

claims small entity status. is other than a small entity.

EXTENSION OF TERM The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 3. apply. (complete (a) or (b), as applicable) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (a) (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) Other than small Small entity Fee Extension for response (if applicable) within: entity Fee \$ 60.00 first month \$ 120.00 second month 460.00 \$ 230.00 third month \$ 525.00 \$ 1,050.00 fourth month \$ 1,640,00 \$ 820.00 fifth month \$ 2,230.00 \$1,115.00 \$ Fee: If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension of ____ months has already been secured. The fee paid therefor \$\ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$_____ OR

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that

applicant has inadvertently overlooked the need for a petition for extension

(b)

of time.

FEE FOR CLAIMS

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TOTAL INDEP.	CLAIMS REMAINING AFTER AMENDMENT	MINUS MINUS	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA =	ADDITIONAL. RATE FEE x \$25.00 = \$ x \$105.00 = \$	OR	ADDITIONAL RATE FEE x \$50.00 = \$ x \$210.00 = \$
	FIRST PRESEN	TATION OF	MULTIPLE DEP. (CLAIM	+ \$185.00 = \$		+ \$370.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

		[ith # ith #					
	(a)	No additional fee for Claims is required					
	(b)	OR Total additional fee for claims required \$					
5.		FEE PAYMENT Attached is a check in the sum of \$					
		Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached.					
6.	\boxtimes	FEE DEFICIENCY If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.					
	\boxtimes	AND/OR If any additional fee for claims is required, charge Deposit Account No. 01-2384.					
7.		Other:					

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